

NORTH YORK SUB-UNIT

Professional Development Application Form 2023-2024 (Please print the required information.)

PLEASE CHECK ONE OF THE TWO OPTIONS BELOW										
Applicant is an Individual				oplicant is a Group						
		•								
APPLICANT(S) INFORMATION										
	pplicant's Name									
Da	ate of Application									
	School Name									
Sch	ool Phone Number									
	E-mail Address									
		CONFEDE	NCE INFO	DMATION						
Name of	Conference or Workshop	CONFERE	NCE INFO	RIVIATION						
	Presenting Organization									
I Vallic Oi	Location									
Data of C	Conference or Workshop			Degistration I	¢					
Date of C	conference or workshop			Registration	Registration Fee \$					
		FUNDIN	G INFORM	MATION						
Are you applying for funding from another source?				(Circle Yes or No)	Yes	No				
Source				Amount	\$					
Have you a	lready applied for funding	this year from you	(Circle Yes or No)	Yes	No					
If you have applied to the sub-unit, what was the amount you received				d?	\$	<u> </u>				
	ber of the Toronto Eleme nt Funding".	ntary Catholic Te	eachers and l	have read the "Criter	ria for Sub-U	Init Professional				
	f Applicant Ih sub-unit OECTA memb	oer	Signature of Association Representative							
0	All requests for fund Phone: (416) 398-683	38 <i>fax:</i> (416)	398-7055	email: nadia.garis	to@tcdsb.	org				

Completed applications <u>must be received at least two weeks prior to the Conference/Workshop date and no later than May 31</u>. The official receipt <u>must be received no later than 30 days after the conference</u> to receive funding.

FOR EXECUTIVE USE ONLY									
Request Granted	(Circle Yes or No)		Yes	No					
Date Received		Cheque #	Amount	\$					
Confirmation Sent		Application #		·					